

Transfer Authorization for Non-Registered Investments

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

9 I LI		Official	uci	momation
Mr	☐ Mr	s Miss	☐ Ms	s 🗌 Dr

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr						
Last Name		First Name		Initials		
Address	City	Province	Postal Code			
Home Telephone	Business Telephone	E-Mail				
Social Insurance Number	Date of Birth (YYYY / MM / DD)					

STEP 2 – Receiving Institution Information

STFP 1 - Unitholder Information

CIBC Mellon Trust Company 1 York Street, Suite 900	Cheque Payee: Portland Investment Counsel Inc., In Trust for Funds
Toronto, ON M5J 0B6	ACCOUNT#_
Canada	Client Services Telephone: 1-888-710-4242 Processing Fax: 1-866-816-1662

Investment Selection

Fund Name	Fund Number	Sales Charge (Front Load Purchases Only)	Investment Amount (\$ or %)

DEALER INFORMATION

Dealer Name	Dealer Code	Dealer Account Number	
Representative Name	Representative Code	Telephone Number	
Email	Fax Number		

SIEP 3 -	Cilent D	irection to Re	ennquisinng	IIIStitutioii		
Relinquishing In	stitution Name					
Address				City	Province	Postal Code
Client Account/F	Policy Number					
Transfer: (check	one box only):	☐ All in cash* ☐ All ☐ Partial - as listed be	· · · · · ·	assets, but mixed in cash and a ☐ Check here if atta		w or attached list.
		Investments Amount	Symbol and/or Certi Number or Policy N		otion	
☐ In kind ☐ Shares/units	☐ In cash☐ Dollars					
☐ In kind ☐ Shares/units	☐ In cash☐ Dollars					
* Some Portland	Investment Cou	nsel Inc. products are i	non-redeemable.	1		
STEP 4 –	Client A	uthorization				
I hereby reques	t the transfer of	f my account and its ir	nvestments as describ	ped above.		
		TRANSFER IN CASH, GES OR ADJUSTMEN		LIQUIDATION OF ALL OR PAR	T OF MY INVESTMENTS	S AND AGREE TO PAY
Signature of Acc	ount Holder	Date	YYYY / MM / DD	Signature of Joint Account Holder MM / DD (if applicable)		Date YYYY / MM / DD
				V		
X				X		
STEP 5 –	For Use	By Relinquis	hing Institu	tion Only		
Advisor Last Name			Advisor Fire	Advisor First Name Dealer Rep. N		
Contact Name			Telephone	phone Fax		

Authorized Signature Date YYYY / MM / DD X

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